

KCRA - Don Toensing
APCO - Leslye Werner

Water - Huffman
~~oversees~~

PROGRAM ROUTING FOR DISCLOSURES

EPCRA 313, Steve Wartz, CRIB (send memo directly to Steve) - Toxic Chemical Release Inventory Reporting Forms (Form R or A) to the EPA and state under Section 313 of the Emergency Planning and Community Right-to-Know Act and 40 C.F.R. Part 372.

EPCRA 311, George Hess, CRIB (send memo directly to George) - Material Safety Data Sheets submitted to the Local Emergency Planning Committee, State Emergency Response Commission, and local fire department under Section 311 of the EPCRA and 40 C.F.R. Part 370.

EPCRA 312, George Hess, CRIB (send memo directly to George) - Emergency and Hazardous Chemical Inventory Forms (Tier II) to the LEPC, SERC, and local fire department under Section 312 of the EPCRA and 40 C.F.R. Part 370.

CAA 112(r), George Hess, CRIB (send memo directly to George) - Risk Management Plan

TSCA 409, Maria Morey, TOPE (send memo to Jamie Green, TOPE) - Failure to provide a lead-hazard pamphlet to a tenant and complete the disclosure form prior to a tenant being obligated under a contract to lease target housing under Section 409 of the Toxic Substances Control Act and the requirements of 40 C.F.R. Part 745, Subpart F, Disclosure of Known Lead-Based Paint and/or Lead-Based Paint Hazards Upon Sale or Lease of Residential Property (specifically, 40 C.F.R. § 745.107).

TSCA PCBs, Marc Matthews, WEMM (send memo to Don Toensing)

All TSCA issues except PCBs and Section 409 - Send an email to Don Toensing with disclosure attached asking if it's an issue that's implemented out of HQ. If so, email to Phil Milton stating that HQ implements that portion of TSCA.

FIFRA, Barb Shepard, PEST (send memo to Royan Teter, PEST, along with email to Barb attaching disclosure and memo to Royan).

CWA 311j, Scott Hayes, SUPR/ERNB (send memo directly to Scott) - Facility Response Plan

Thanks Dana?

Sally
10-11-13

HUSCH BLACKWELL

Amy L. Wachs
Partner

190 Carondelet Plaza, Suite 600
St. Louis, MO 63105
Direct: 314.480.1840
Fax: 314.480.1505
amy.wachs@huschblackwell.com

December 3, 2013

VIA E-MAIL AND CERTIFIED MAIL

Julie Murray
U.S. EPA Region 7 - Mail Code CNSL
901 North Fifth Street, Room 2265
Kansas City, KS 66101

Marty Miller
Missouri Department of Natural Resources
P.O. Box 176
Jefferson City, MO 65102

Re: Ozark Mountain Technologies
Cuba, Missouri

Dear Ms. Murray and Mr. Miller:

We represent Ozark Mountain Technologies LLC ("OMT"), a metals finishing facility in Cuba, Missouri. This letter is a self-disclosure under the U.S. Environmental Protection Agency ("USEPA") *Incentives for Self-Policing: Discovery, Disclosure, Correction and Prevention of Violations* policy ("Audit Policy"). This disclosure is made concurrently to USEPA and the Missouri Department of Natural Resources ("MDNR").

Since its founding in 1993, until being purchased by Valent Aerostructures, LLC ("Valent") in April 2012, OMT was a private company operated by Greg Smotherman at locations in Cuba, Missouri. On December 28, 2012, LMI Aerospace, Inc. ("LMI") purchased Valent. As part of the integration process of OMT into LMI's corporate structure, a new management team is now responsible for the operations of OMT. Recently, LMI appointed a new President of Valent and appointed a new Director, Processing Division for LMI who oversees OMT's operations. Finally, Justin Crumley has replaced Greg Smotherman as OMT's General Manager. At the direction of the new management, as part of the integration process and to ensure OMT's compliance with all environmental regulations throughout its operations, LMI directed OMT to perform an independent, third-party audit of OMT's compliance with environmental regulations. The results of the audit were reported to OMT and LMI on November 12, 2013 and results from the audit are included in the following self-disclosure.

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Attached as Exhibit 1 to this self-disclosure is a table of environmental audit findings. Several follow-up activities are being conducted in response to the audit and additional work is underway to further refine and double check the list of items, but the list attached is the best listing of items needing attention that OMT has been able to determine within the 21 day disclosure window under the Audit Policy. OMT submits the following information in conformance with the nine elements of the Audit Policy.

Item 1: Systematic Discovery. The attached table is a listing of the findings of an environmental regulatory audit prepared by Geotechnology, Inc., an independent third party auditing firm. This firm was engaged to perform a systematic review of all OMT operations to determine compliance with environmental regulatory requirements pertaining to waste management, air emissions, storm water management, emergency planning and community right-to-know requirements and drinking water requirements. The audit meets the criteria of an "environmental audit" under the Audit Policy.

Item 2: Voluntary Discovery. The OMT audit was not required by any legally mandated monitoring or sampling program, nor was it a requirement of a settlement or consent order. The audit was a voluntary activity conducted to ensure compliance of the OMT facility with Federal and state environmental regulations.

Item 3: Prompt Disclosure. The Geotechnology audit report was received by OMT and LMI on November 12, 2013. This disclosure is within 21 days after November 12, 2013.

Item 4: Independent Discovery and Disclosure. OMT is aware that USEPA is currently investigating certain discharges from the OMT facility to the City of Cuba treatment works. As far as OMT is aware, this investigation is limited to discharges to the City treatment works, not any other OMT operations. Pursuant to the direction of the new owner, LMI, OMT voluntarily initiated a thorough review of compliance with environmental regulatory requirements for all OMT operations, including air emissions, waste management and community right-to-know requirements. OMT has not received any requests for information regarding any matter other than the discharges to the City treatment works, nor has USEPA or MDNR inspected any other operations at the facility. No third parties have raised any complaints regarding any of the items in the attached report and to OMT's knowledge, neither USEPA nor MDNR has identified nor are they in the process of investigating any of the items on the attached disclosure. This disclosure is independent of any USEPA or MDNR investigation and OMT has no reason to believe any of the attached items have been or would have been discovered by USEPA or MDNR absent this disclosure.

Item 5: Correction and Remediation. OMT is working diligently toward compliance with the items listed on the attached disclosure within 60 days of discovery. Due to the number of items to be addressed and the complexity of some of the identified items, not all items will be able to be addressed within 60 days of discovery, however. For each item, the compliance steps to be taken and the final implementation date are listed in the attached table of audit findings.

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The compliance dates will continue to be refined as OMT gets additional information and it will provide the updated information to USEPA and MDNR.

Item 6: Prevent Recurrence. OMT will take steps to prevent recurrence of the listed items in the audit report. OMT has elevated two individuals within the facility and tasked each with putting systems into place to ensure required reports are timely filed and regulatory compliance is integrated into facility operations. LMI is providing expertise and systems necessary to ensure continued compliance. LMI has engaged external consulting and engineering resources to assist OMT with addressing regulatory applicability, permitting, reporting, corrective actions, as well as designing and installing necessary equipment, components and infrastructure at the facility.

Item 7: No Repeat Violations. To LMI's knowledge, OMT has not received a judicial or administrative order, consent agreement or order, complaint or notice of violation, conviction or plea agreement related to any of the items listed in the attached audit findings within the past three years. To LMI's knowledge, the OMT facility has not received penalty mitigation for any of the listed items.

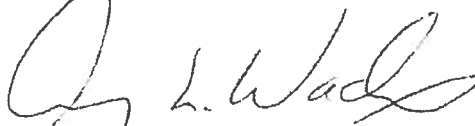
Item 8: Not Excluded Violations. As far as OMT is aware, none of the items listed in the attachment has resulted in any serious actual harm or resulted in an imminent and substantial endangerment to human health or the environment. None of the listed items violate the specific terms of any judicial or administrative order or consent agreement.

Item 9: Cooperation. OMT will cooperate with USEPA and MDNR in providing any information necessary and requested to determine the applicability of the Audit Policy.

As indicated above, OMT is continuing to further investigate operations to make sure additional disclosures are not necessary. In addition, OMT will continue to determine what items are needed to ensure compliance with each of the identified items and it will update USEPA and MDNR on any revised compliance activities and dates.

I will serve as the contact person on this disclosure. Please feel free to call me at (314) 480-1840 or e-mail at amy.wachs@huschblackwell.com if you have any questions.

Very truly yours,



Amy L. Wachs
Partner

ALW
Attachment

HUSCH BLACKWELL

December 3, 2013
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cc: Kyra Moore, MDNR
David Lamb, MDNR
John Madras, MDNR
Rence Skonier, LMI Aerospace, Inc.
David Fillmore, LMI Aerospace, Inc.

Exhibit 1 to Ozark Mountain Technologies, LLC Disclosure Under the Audit Policy

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E1	Air – Emissions Reporting	<p>Items noted regarding the Facility's calendar year (cy) 2012 Emissions Inventory Questionnaire (EIQ) include the following examples:</p> <ul style="list-style-type: none"> • Reported VOC emissions from EP01 through EP03 are not consistent with Facility cy 2012 VOC tracking records provided for review; • EP04 is incorrectly identified as Chromium Anodizing rather than Sulfuric Acid Anodizing as listed in the Facility's Air Permit; • Calculation methodologies (e.g., EP05 chromium anodizing emission factor) is not consistent with emission factors used in Appendix G of the Facility's Air Permit; • Fumtrol 140 control is incorrectly indicated as control for EP04 rather than EP05; • Scrubber control is incorrectly identified as control for EP05; • MEK emissions are incorrectly identified as EP03 rather than EP09 as listed in the Facility's Air Permit; and • Emissions are not quantified and are not reported for methylene chloride wipe cleaning, Nitric-HF etching and sodium dichromate / chromic sealing operations. 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> • Integrate the OMT facility into LMI's 3E chemical management and tracking system to obtain accurate data on chemical use and subsequent emissions inventory, recording and reporting requirements. • Conduct a facility-wide emissions inventory review to accurately identify emission points and quantify emissions from these sources. This effort will be conducted in conjunction with the emission source review necessary as part of the Construction Permit corrective actions. • Revise the 2012 EIQ report to reflect accurate emission point and VOC information and data. <p>Due to the complexity of the emission points at the facility, a complete and accurate emission inventory cannot be completed until a full review of emission sources is completed. The anticipated effort required to fully evaluate all emission sources will extend beyond 60 days of discovery</p>	<p>a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014</p> <p>b. Revise 2012 EIQ; April 1, 2014</p>

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E2	Air – Permits	<p>The following items were noted regarding Missouri Basic State Operating Permit requirements:</p> <ul style="list-style-type: none"> The facility does not have a Basic State Operating Permit required for all emission units subject to a Federal NSPS (40 CFR Part 60, Subpart Dc) and/or NESHAP (40 CFR Part 63, Subparts N, HHHHHH and WWWWWW) standard as provided 10 CSR 10.065(4); The Basic State Operating Permit Notification submitted by the Facility in October 2013 did not identify applicable construction permit, NSPS (Subpart Dc) and NESHAP (Subparts N, 6H, 6W, 6J) requirements in Section B of the Notification Form as required by Form Instructions; and The Basic State Operating Permit Notification submitted by the Facility in October 2013 did not include a compliance evaluation and compliance plan as necessary in Section C of Notification Form as required by Form Instructions. 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Conduct a compliance review of all air regulations and Facility operations to determine all applicable requirements and Facility compliance with those requirements; Resubmit the Basic State Operating Permit Notification to include all applicable permit and regulatory requirements in Section B; and If applicable, include a compliance plan in the Section C of the Basic State Operating Permit Notification resubmittal. <p>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days.</p>	<p>a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014</p> <p>b. Prepare applications/notifications, if needed, for sources: June 1, 2014</p> <p>c. Resubmit Basic State Operating Permit notification, including compliance plan: July 1, 2014</p>
E3	Air – Permits	<p>The following items were noted regarding the Facility's Air Construction Permit No. 032009-015 or agency correspondence regarding permitting:</p> <ul style="list-style-type: none"> The Facility does not control four of the 12' x 5' sulfuric acid anodizing tanks (E-7, E-9, E-11, E-14) with wet scrubbers as provided by Air Construction Permit No. 032009-015, Special Condition 3.C; The air permit and/or available correspondence regarding permitting do not identify and address the 42' sulfuric (B-14) and boric-sulfuric (B-16) anodizing tanks; 	<p>The Facility will conduct the following corrective action:</p> <ul style="list-style-type: none"> Provide scrubber control for the four 12' x 5' sulfuric acid anodizing tanks. <p>The facility will consult with the MDNR to address construction and operating permit considerations to address the following sources:</p> <ul style="list-style-type: none"> 42' sulfuric acid and 42' boric-sulfuric anodizing tanks; Nitric-HF etch, sodium dichromate and chromic seal tanks and associated wet scrubbers (permit or 	<p>a. Review all air emission sources to accurately identify, quantify and report emissions; March 1, 2014</p> <p>b. Prepare applications/notifications, if needed, for sources: June 1,</p>

Would this have bumped them into major source status?

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
		<ul style="list-style-type: none"> The air permit and/or available correspondence regarding permitting do not identify and address the 42' Nitric-HF etch tanks (A-3, A-7) and associated scrubber control system; The air permit and/or available correspondence regarding permitting do not identify and address the 42' sodium dichromate (B-23) and chromic (B-21) seal tanks and associated scrubber control system; The air permit and/or available correspondence regarding permitting do not identify and address methylene chloride emissions from wipe cleaning operations; and The permit incorrectly identifies the boiler as propane fired rather than natural gas fired. 	<p>document that permitting is not required);</p> <ul style="list-style-type: none"> Wipe solvent cleaning with methylene chloride; and, Natural gas fired boiler. <p>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days.</p>	<p>2014</p> <p>c. Resubmit Basic State Operating Permit notification, including compliance plan: July 1, 2014</p>
E4	Air – NESHAP	Facility records are insufficient to demonstrate that certified annual compliance reports are completed for the Chromium Anodizing Operations (B-18, B-5) under 40 CFR 63.347(h)(1) – NESHAP Subpart N (chrome electroplating).	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Complete the certified annual compliance report for 2013 for the Chromium Anodizing Operations. This report and subsequent annual reports will be maintained for a minimum of five (5) years. Install a timer on the chrome anodizing tank rectifier to monitor times the rectifier is operational. This time will be logged on the Red Lion data acquisition system. 	On or before January 12, 2014
E5	Air – NESHAP	<p>The following items were noted regarding Federal NESHAP (40 CFR Part 63, Subpart WWWW (plating and conversion coating) requirements:</p> <ul style="list-style-type: none"> Facility records are insufficient to demonstrate that initial notification, initial compliance certification and 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Conduct an evaluation of all operations to determine applicability and current conformance with 40 CFR Part 63, Subpart WWWW requirements; As appropriate, submit the initial notification and 	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
		<p>subsequent annual compliance certifications were completed and/or submitted for non-electrolytic conversion coating tanks (A-11, B-9, B-11, B-21, B-23, D-7, D-18) under 40 CFR 63.11509; and</p> <ul style="list-style-type: none"> Records are insufficient to demonstrate that the Facility operates non-electrolytic plating operations (A-11, B-9, B-11, B-21, B-23, D-7, D-18), potentially with >0.1 % target HAP (e.g., chrome, nickel), in accordance with 40 CFR 63.11507(g). 	<p>compliance status certifications; and</p> <ul style="list-style-type: none"> Begin to implement and document the operational requirements. <p>Note: Alternatively, the Facility must develop and document a non-applicability determination as required by 40 CFR 63.10(b)(3).</p>	
E6	Air – NESHAP	<p>The following deficiencies and/or discrepancies were noted regarding Federal NESHAP (40 CFR Part 63, Subpart HHHHHH (surface coating) requirements:</p> <ul style="list-style-type: none"> Facility records are insufficient to demonstrate initial notification, initial compliance certification and subsequent update notifications were completed and/or submitted for painting operations under 40 CFR 63.11175 and 63.11176; and Facility records are insufficient to demonstrate that paint booths are operated and Facility personnel are trained on specific operational requirements as provided in 40 CFR 63.11177. 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Conduct an evaluation of all operations to determine applicability and current conformance with 40 CFR 63, Subpart HHHHHH requirements; As appropriate, submit the initial notification and compliance status certifications; and Implement and document the operational requirements <p>Note: Alternatively, the Facility must develop and document a non-applicability determination as required by 40 CFR 63.10(b)(3).</p>	On or before January 12, 2014
E7	Air – NESHAP	<p>The Facility has not documented negative applicability determinations for unit operations that are identified in NESHAP (40 CFR 63, Subparts DDDDD (boilers) and MMMM (coating of metal parts) under 40 CFR 63.10(b)(3).</p>	<p>The Facility will document and sign negative applicability determinations for 40 CFR 63 Subparts DDDDD and MMMM as outlined in 40 CFR 63.10(b)(3). This negative applicability determination will be maintained on-site for a minimum of five (5) years.</p>	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E8	Air – NSPS	<p>The following items were noted regarding reporting and/or recordkeeping for the Facility's natural gas and wood fired boilers subject to NSPS (40 CFR Part 60, Subpart Dc (boilers installed after 1989)):</p> <ul style="list-style-type: none"> Records are insufficient to demonstrate that initial notifications for operation of the gas and wood fired boilers were submitted under 40 CFR 60.48c(a). 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Submit initial notifications for each boiler. 	On or before January 12, 2014
E9	Air – Ozone Depleting Substances	<p>Facility records are Insufficient to demonstrate that repairs performed by contractors on chillers that contain greater than 50 pounds of ozone depleting substances (e.g., R-22) are conducted and documented (e.g., leak rate calculations, repair leak checks) and are consistent with the repair and/or replacement requirements of 40 CFR 82.156(i).</p>	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Develop and maintain an electronic log to track refrigerant use and repairs for the chiller system components and other equipment that contain greater than 50 pounds of ozone depleting substances. Leak rates and repair leak checks will be documented on this log as well. Maintain copies of refrigerant technician certification cards for technicians that work on regulated equipment. Obtain previous CFC use and repair records for period 2008-2013 if these records are available. 	On or before January 12, 2014
E10	Air – Permits	<p>Review of available solvent use/emissions records for calendar year 2012 indicates that the Facility emitted 0.12 tons/yr, exceeding the permitted MDI emission limit of 0.1 tons/yr established by Air Construction Permit No. 032009-015, Special Condition 2.C. for the January-December 2012 rolling 12 month period.</p>	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Verify MDI emissions records/calculations for calendar year 2012 to determine if the 0.1 tons/yr emission limit was exceeded; and If exceedance of 0.1 tons/year is verified, provide an exceedance notification to MDNR as required by Air Construction Permit No. 032009-015, Special Condition 2.J. 	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E11	Air – Permits	<p>The following items were noted regarding emissions tracking:</p> <ul style="list-style-type: none"> The Facility does not use the monthly emissions calculations/tracking forms provided in Attachments A through H of the Air Permit, or equivalent forms approved by the Missouri Department of Natural Resources (MDNR) Air Pollution Control Agency (APCA), as provided by Air Construction Permit No. 032009-015, Special Condition 2.I. 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Use the emissions tracking forms provided in the Appendices of the Air Permit or demonstrate that alternative forms/tracking systems have received agency approval; and <p>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days.</p>	April 1, 2014
E12	Air – Permits	<p>The following items were noted regarding management of solvents:</p> <ul style="list-style-type: none"> The Facility does not maintain cleaning and/or spent solvents in "sealed" containers when not in use (e.g., overnight storage of MEK cleaning solvents in unsealed containers) as provided by Air Construction Permit No. 032009-015, Special Condition 3.A. and 40 CFR 265.1087(c); and The Facility does not provide and maintain easily read markings on cleaning and/or spent solvents as provided by Air Construction Permit No. 032009-015, Special Condition 3.A. 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Discontinue overnight storage of MEK in unsealed containers or begin using sealed storage containers; and Relabel solvent containers. Conduct training with appropriate personnel who utilize cleaning solvents to ensure proper solvent use that minimize air emissions. 	Complete

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E13	Air – Permits	<p>The Facility did not maintain operations and maintenance logs for the multicyclone required by Air Construction Permit No. 032009-015, Special Condition 3.B.3 for at least two years as required.</p> <p>Note: Facility personnel stated that maintenance information for the cyclone prior to January 2013 was lost due to a computer crash.</p>	The Facility will begin maintaining records in an electronic or paper format, with adequate backup system should records be maintained electronically to prevent loss of data.	January 12, 2014
E14	EPCRA – Tier II Reporting	<p>The following items were identified regarding Hazardous Chemical Reporting (Tier II) required by 40 CFR 370:</p> <ul style="list-style-type: none"> • Sodium hydroxide was not reported on the 2011 and 2012 Tier II reports; • Diatomaceous earth was not reported on the 2011 and 2012 Tier II reports; • Wood chips were not reported on the 2011 and 2012 Tier II reports; and • Records were insufficient to calculate the quantity of brine salt from the R.O. system present on-site. • The Facility did not include sulfuric acid contained in wet cell batteries (e.g., inside truck repair room, in powered hand jacks and in fork trucks) in the 2011 and 2012 Tier II reports; • The immediate and delayed hazards identified on the safety data sheet (SDS) for Turco ARR (T4181L) were not indicated on 2011 and 2012 Tier II reports; 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> • Obtain an SDS for the wood chips and quantify and document the amount present on-site; • Quantify and document the amount of salt on-site • Amend and submit a revised 2012 Tier II report including wood chips and salt, if applicable, as well as other chemicals and hazards as noted. If records are available, the Facility will also update previous Tier II submittals from 2008 through 2011. • As previously indicated, integrate the OMT facility into LMI's 3E chemical management and tracking system to obtain accurate data on chemical storage and reporting requirements. 	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E15	EPCRA – TRI/Form R Reporting	The Facility has not conducted and documented annual threshold calculations to determine applicability of Toxic Chemical Release Reporting (TRI/Form R) as required by 40 CFR 372.	The Facility will conduct and document threshold calculations to determine applicability for Toxic Chemical Release Reporting (TRI/Form R). Toxic chemicals are manufactured, processed or otherwise used at the Facility that could trigger Form R reporting. If applicable, the facility will submit the TRI/Form R report by July 1 as required for cy 2013.	July 1, 2014
E16	Waste – Hazardous Waste	<p>The following items were observed related to the management of hazardous waste from wastewater treatment plant (WWTP) filter press operations:</p> <ul style="list-style-type: none"> Hazardous waste from the filter press is sometimes spilled into the containment area; Three of 26 bags of WWTP filter cake stored by the ALAR press and 1 of 2 bags in the Zinc Room are not closed except as necessary to add or remove waste as required by 40 CFR 265.173(a). 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> The Facility will clean up and containerize any hazardous waste spilled into the containment area from the ALAR vacuum system and correctly label each bag at the end of every ALAR run; Maintain all bags, including partially filled bags, of hazardous waste closed, except as necessary to add or remove waste. <p>These actions will be documented in the standard operating procedures being developed for the ALAR system and will be identified in annual and periodic hazardous waste training.</p>	January 12, 2014
E17	Waste – Hazardous Waste	<p>The following items were identified regarding the Facility's hazardous waste manifest recordkeeping:</p> <ul style="list-style-type: none"> On 4 of 21 manifests reviewed, the Facility is reporting an incorrect EPA Generator ID. Note: All these manifests were destined for Siemens in Roseville, MN. The Facility is not recording weight in kg or lb for hazardous waste shipments measured in yards, as 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> Begin using the correct Generator ID number on all waste manifests Begin recording weight of hazardous waste shipped in cubic yards; File an exception report with MDNR. Note: The Facility was able to obtain a signed copy of the 	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
		<p>provided by 10 CSR 25-5.262(2)(B)(4).</p> <ul style="list-style-type: none"> For one of 21 manifests reviewed, the Facility had not received the signed copy from the TSDF within 35 days and had not filed an exception report with MDNR within 45 days as required by 10 CSR 25-5.262(2)(D)2.C. The Generator's Hazardous Waste Summary Report filed for quarter ending 6/30/2013, required by 10 CSR 25-5.262(2)(D)(1), reported three waste streams in units of Y (cubic yards) for Section H Item 10, which is not an acceptable unit. Facility records were insufficient to reconcile shipment manifests with the quarterly Hazardous Waste Summary Reports. 	<p>manifest from the TSDF during the audit, and the waste had been received at the TSDF prior to the 35 day window; and</p> <ul style="list-style-type: none"> Report all wastes on the Hazardous Waste Summary Report in the appropriate units, generally pounds (P), kilograms (K) or gallons (G). These items will be identified in annual and periodic hazardous waste training. 	
E18	Waste – Hazardous Waste	The Facility has not characterized electronic waste (e.g., CRTs, printed circuit boards) as hazardous or non-hazardous as required by 40 CFR 262.11.	The Facility will begin utilizing an approved electronic waste recycler. Documentation of electronic waste generation as well as recycling will be maintained at the Facility.	On or before January 12, 2014

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E19	Waste – Hazardous Waste	<p>The following items were noted regarding the Facility's 90-day hazardous waste storage area for liquids (the Bond Room):</p> <ul style="list-style-type: none"> • The area is not designed with containment to prevent spills from exiting the building as provided in 10 CSR 25-5.262(2)(C)(2)(D)(I); and • The floor is not sloped or the containment system is not designed to drain and remove liquids resulting from leaks or spills unless the containers are elevated or are otherwise protected from contact with accumulated liquid as provided in 10 CSR 25-5.262(2)(C)(2)(D)(III)(b). 	<p>The Facility will engage an engineering firm to assist with designing and modifying the Bond Room to provide secondary containment meeting 90-day storage area design requirements under 10 CSR 25-5.262.</p> <p>Alternately, the Facility, with the assistance of external resources will evaluate the option to of relocating the liquid hazardous waste to chemical storage area on the south end of the Facility which has adequate containment.</p> <p>Due to the complexity of this issue and the anticipated effort required to fully evaluate and/or implement corrective actions, the completion date for the corrective actions will extend beyond 60 days.</p>	April 1, 2014
E20	Waste – Hazardous Waste	<p>The Facility's weekly Storage and Containers Inspection form used for the Bond Room does not include all information required by 40 CFR 265.15 and 265.174, such as:</p> <ul style="list-style-type: none"> • Time of inspection; • Name of inspector; • Observations specific to emergency equipment and container malfunctions, deterioration, discharges and/or operator errors; and • Date and nature of any repairs or remedial actions. <p>The Facility is not conducting weekly inspections of the other 90-day storage areas – the ALAR bag storage areas in Processing and the Zinc Room.</p>	<p>The Facility has modified the inspection form to include all required information, and to identify the storage area(s) being inspected.</p> <p>In the future, the Facility will conduct documented weekly inspections of all 90-day storage areas, including the ALAR bag storage areas in Processing and the Zinc Room.</p> <p>These items will be identified in annual and periodic hazardous waste training.</p>	Completed

ID #	Topic	Audit Finding	Corrective Action Tasks	Full Implementation Date
E21	Waste – Hazardous Waste	<p>The following deficiencies were identified with the Facility hazardous waste training required by 40 CFR 265.16:</p> <ul style="list-style-type: none"> Facility records do not include the content of hazardous waste training provided by Nexeo; Training has not been provided within six month of hire/assignment date for all required employees; and Training records do not identify job titles and description for positions requiring training or a list of employees in those positions. 	<p>The Facility will identify job positions and associated descriptions for which hazardous waste training is required, including IT and maintenance staff, identify employees in those positions, provide training as required, and maintain records that include a description of the training content.</p> <p>This documentation will be maintained with the Facility's hazardous waste training records.</p>	On or before January 12, 2014
E22	Waste – Hazardous Waste	<p>The following items were observed regarding the Facility's hazardous waste preparedness and prevention measures:</p> <ul style="list-style-type: none"> The Facility does not conduct testing of communications or alarms systems as necessary (e.g., annual fire/evacuation drills as required by the Facility's Emergency Action Plan), as required by 40 CFR 265.33; and Containers are not provided with aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment as required by 40 CFR 265.35. 	<p>The Facility will conduct annual fire/evacuation drills.</p> <p>The Facility has reorganized the Bond Room and ALAR waste storage area to maintain required aisle space between waste containers.</p>	On or before January 12, 2014
E23	Waste – Hazardous Waste	<p>The Facility's Hazardous Waste Contingency Plan, updated April 27, 2012, had the following:</p> <ul style="list-style-type: none"> The Plan does not address emergency procedures for explosions, and the procedure for responding to fires is to 'initiate ... fire emergency procedures as 	The Facility will update the Plan to address the listed items.	On or before January 12, 2014

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		<p>specified in the Fire Protection Plan', but the FPP does not contain emergency response procedures required by 40 CFR 265.52(a); and</p> <ul style="list-style-type: none"> • The Plan does not discuss arrangements with local police, fire/EMS, hospitals, SERC, or other suppliers of response equipment as required by 40 CFR 265.52(c); • The Plan does not include evacuation routes as provided in 40 CFR 265.52(f), but refers to the Facility Emergency Action Plan, which also does not include evacuation routes; • The Plan contains contradictory statements regarding Environmental Coordinators' authority to commit resources to carry out the Plan, to reflect the requirements in 40 CFR 265.55 (e.g., Sections III.A., IV.B., and IV.C.); • Emergency procedures in Sections IX – XII do not call for activation of internal facility alarms or communications systems as provided in 40 CFR 265.56(a); • The Plan does not address monitoring plant systems during operational shut down in cases of emergency, as provided in 40 CFR 265.56(f); and • The Plan does not include requirements for written reporting any incident that requires implementation of the Hazardous Waste Contingency Plan within 15 days to the EPA Regional Administrator, as required by 40 CFR 265.56(i). 		

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E24	Waste – Universal Waste	<p>The following items were observed related to management of Universal Wastes generated at the Facility:</p> <ul style="list-style-type: none"> • Universal waste lamps were not stored in containers or packages that are structurally sound with no evidence of leaking, adequate to prevent breakage, compatible with the contents of the lamps, and kept closed as provided in 40 CFR 273.13(d); • Facility records were insufficient to demonstrate universal waste is accumulated for no longer than one year as provided in 40 CFR 273.15; • The Facility is not managing spent non-lead acid batteries as either hazardous waste or universal waste under 40 CFR 273; and • Facility does not conduct universal waste training for appropriate employees as required by 40 CFR 273.16. 	<p>The Facility will manage spent non-lead acid batteries as universal waste and managing universal waste streams in accordance with all applicable requirements.</p> <p>The Facility will conduct and document the required universal waste training for all employees who generate or dispose of universal waste.</p>	On or before January 12, 2014
E25	Waste – Used Oil	<p>The following items were identified regarding the management of used oil generated at the Facility:</p> <ul style="list-style-type: none"> • Used oil filters are not punctured prior draining as required by 40 CFR 261.4(b)(13); • Containers of used oil are not labeled "Used Oil" as required by 40 CFR 279.22(c)(1); and • Used oil has not been analyzed for total halogen content to determine if the rebuttable presumption for hazardous waste characterization can be applied as allowed under 40 CFR 279.10(b)(1)(ii). 	<p>The Facility will conduct the following corrective actions:</p> <ul style="list-style-type: none"> • Begin puncturing used oil filters prior to hot-draining and label all used oil containers with the words 'Used Oil'; and • The Facility or disposal vendor will determine the total halogen content of the Facility's used oil prior to disposal to ensure it is less than 1,000 ppm to meet the rebuttable presumption. • Training will be provided for all maintenance staff that generate and dispose of used oil. 	On or before January 12, 2014

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E26	Water – Drinking Water	<p>The Facility has not had the following backflow prevention assemblies inspected and tested by a certified backflow prevention assembly tester at the time of construction or installation as required by 10 CSR 60-11.010(7)(B):</p> <ul style="list-style-type: none"> • New installation of the assembly in the RO Room; and • Replacement assembly in the janitor closet. 	The Facility has scheduled Cintas (a certified backflow prevention assembly tester) to inspect and test these assemblies on December 4, 2013.	On or before January 12, 2014
E27	Water – Drinking Water	The Facility backflow prevention device inspection records from 2012 are missing, and so documentation is insufficient to demonstrate that the annual testing conducted May 23, 2013 is within 30 days of previous test date or anniversary date as required by 10 CSR 60-11.010(6)(C).	The Facility will obtain a copy of the 2012 backflow prevention device inspection reports from the vendor.	On or before January 12, 2014
E28	Water – SPCC	The Facility has not conducted and documented an applicability determination of the Oil Spill Prevention, Control and Countermeasure requirements of 40 CFR 112.	The Facility will document the aggregate amount of oil on-site, including oil-containing equipment (Rectifier and Penetrant tank of biodegradable oil) and oil storage containers of 55 gallons or greater. (If amount exceeds 1,320 gallons, the Facility will develop and implement a Spill Prevention, Control and Countermeasure Plan.)	On or before January 12, 2014
E29	Water – Storm Water	<p>The Facility has the following non-storm water discharges (process wastewaters) that are prohibited by MO-R023414 #5:</p> <ul style="list-style-type: none"> • A small amount of Brine recharge water from overflow tanks is piped to the ground outside the RO Room; and • The Glycol containment dike discharges directly to the ground near the chillers. 	The Facility will re-route these discharges to eliminate the discharges.	January 12, 2014

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E30	Water – Storm Water	<p>The Facility Storm Water Pollution Prevention Plan (SWPPP, dated July 14, 2009) does not include all elements required by Permit MOR203414, including:</p> <ul style="list-style-type: none"> • List of potential pollutants does not include annual estimate of amounts that will be used in the described activities; • Requirement that deficiencies in the monthly inspection must be corrected within seven days and notification sent to the regional DNR office; and • Certification statement by Responsible Corporate Officer does not match that listed in EPA 832-R-92-006, the guidance suggested in the Permit. <p>The Facility SWPPP has not been updated as described in Section 1.2 to address the current operations:</p> <ul style="list-style-type: none"> • Changes in personnel, including person responsible for developing and implementing the SWPPP (Section 3 – still refers to Greg S., 'Environmental Coordinator', 'Vice President of Production') and Certification by Responsible Corporate Officer (Section 12); • Changes in significant materials associated with industrial activity/potential pollutants (Sections 5 and 7) (e.g., outdoor storage of boiler ash, metal rack storage west of building, metal racks and/or spare equipment outside WWTP chemical receiving area, parking areas); • BMPs required for additional activities exposed to storm water (Section 10) (e.g., housekeeping in area of wood chip receiving, covered dumpsters); and 	The Facility will revise the SWPPP to address all listed elements and current operations.	On or before January 12, 2014

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		<ul style="list-style-type: none"> Annual inspection of Storm Water Management Devices is included in Section 10.B., but there are no such devices at the Facility. 		
E31	Water – Storm Water	<p>The Facility SWPPP is not implemented as outlined, including the following:</p> <ul style="list-style-type: none"> Surplus machinery and excess equipment stored outside are to be covered with tarps (Section 5.A); Receiving area to be kept clear - WWTP Chemical receiving drive included scrap equipment (Section 10.A); Routine visual inspections recommended in Section 10.D are documented on the Monthly BMP SWPP Checks, which does not include all suggested areas listed for this inspection; Areas noted for corrective actions are relayed to the appropriate department verbally, rather than through the Maintenance Work Order system as described in Section 10.D; and SWPPP Training provided in 2013 as a component of the annual safety training included only housekeeping discussion and did not include spill response, material management practices, loading/unloading practices, outdoor storage areas or waste management practices (Section 10.E). 	The Facility will implement the SWPPP as described, including material storage practices, inspections and training.	On or before January 12, 2014